

STATE OF MARYLAND
Governor's Office for Children on Behalf of the Children's Cabinet

SCYFIS User Account

Part 1: Confidentiality Agreement

I, _____, understand that, as a user of the State Children, Youth and Families Information System ("SCYFIS"), I will be working with confidential information provided by local or State agencies, agency contractors, providers, parents, and children, or information derived from that confidential information.

I also understand that the confidentiality of the information transferred to, reported in and otherwise used in SCYFIS is protected by Maryland law, including the following provisions of the Maryland Annotated Code: Courts and Judicial Proceedings Art., §3-827 and §3-8A-27; Health-General Art., §§4-101 through 4-103; and Human Services Art., Title 1 and §§9-219 through 9-220. I further understand that a person who uses or discloses this information in violation of these statutes is subject to the legal penalties set forth therein.

I understand that I am responsible for protecting the confidentiality of information pertaining to individual children and their families obtained through my use of SCYFIS. I agree to keep this information confidential.

As an authorized SCYFIS user, I will not permit any person who is not an authorized SCYFIS user to access this information in the SCYFIS system. Only I will use the login name and password that has been assigned to me as an authorized SCYFIS user. Further, I will inform the SCYFIS Manager if my employment with a Children's Cabinet agency, Local Management Board, Hospital, or After-School program terminates or is transferred from this position; or my organization's contract with such an agency terminates; or my access to SCYFIS is no longer authorized for any other reason.

Last Name: _____ First Name: _____ M.I. _____

Signature

Date

Part 2: User Account Information**Section A: Completed by User Requesting New/Updated Access. You must sign the confidentiality agreement (Part 1)**

Jurisdiction: _____ *New User:* ☐ YES ☐ NO Agency Name: _____

Last Name: _____ Address: _____

First Name: _____ M.I. _____ City: _____ State: _____ Zip: _____

Job Title: _____ Phone: _____ Ext. _____

Supervisor Name: _____ Email: _____

Section B: Completed by User and/or verified by LMB / LCC to identify the appropriate access level.

User Group Profile: Select only one case access type from the list below.

- ☐ L01 LCC Chair *Full access to all cases at the jurisdiction level for the Local Coordinating Council*
- ☐ L02 LCC Administrator *Full access to LCC cases at the jurisdiction level for the Local Coordinating Council*
- ☐ L16 LCC Local Lead Agency (LCC) *Full access to LCC cases at the jurisdiction level for the Local Coordinating Council /Local Lead Agency*
- ☐ LM01 Member - LCC (LCC Read Only) *Read only access to LCC cases at the jurisdiction level for the Local Coordinating Council*
- ☐ LM02 Member - SCC (SCC Read Only) *Read only access to SCC cases at the jurisdiction level for the State Coordinating Council*
- ☐ V50 CME Vendor (Read Only) *Read only access to LCC/SCC cases at the jurisdiction level for the Care Management Entity*

NOTE: In section D, user groups L01-L16 & LM01 is authorized by LCC, LM01 by SCC, and V50 by GOC.

Section C: Supervisor or Designee USE ONLY

Authorization to Grant Access

Print Name: _____

Signature: _____ Authorized Date: _____

Email Address: _____ Phone: _____

Access same as current/previous user: _____

Is this user replacing a previous user? ☐ YES ☐ NO

If Yes, previous user was _____

Section D: LCC / SCC / GOC USE ONLY

Authorization to Grant Access

Check one: ☐ LCC ☐ SCC ☐ GOC

Print Name: _____

Signature: _____ Authorized Date: _____

Email Address: _____ Phone: _____

A confirmation email will be sent to user and authorizing agent when access is created.

DEACTIVATION NOTICE: Please notify GOC Information Technology by phone (410-767-0854 or 6242) or email itsupport@goc.state.md.us and submit a user deactivation form available on the GOC website at http://goc.maryland.gov/scyfis_module.html within 24 hours should a user no longer have access to the system (i.e. Position reassignment, Voluntary/ Involuntary separation from employment).

Section E: FOR GOC INTERNAL USE ONLY

Username Assigned: _____ Admin Name: _____ Completed Date: _____

Mail to: Governor's Office for Children, Information Technology, 301 W. Preston Street, Suite 1512, Baltimore, MD 21201